

ORIGINAL



0000139864

Docket No. S-20857A-12-0411

STATE OF ARIZONA)

AFFIDAVIT OF SERVICE


County of Maricopa)

I, DuLance Morin, for the Securities Division of the Arizona Corporation Commission, hereby certify that on the 1st day of October, 2012 at approximately 2:00 pm, I mailed a certified copy of a Notice of Opportunity for Hearing, Docket No. S-20857A-12-0411 via USPS certified mail, to Joshua Trent at 4760 Highland Dr #516, Salt Lake City, UT 84117. On the 4th of October, 2012, at approximately 11:04 am, the Notice of Opportunity for Hearing, Docket No. S-20857A-12-0411 was served and signed for upon delivery at the 4760 Highland Dr #516 address.

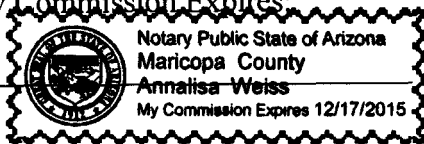

AFFIANT

10/10/12
DATE

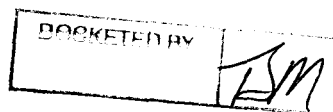
SUBSCRIBED AND SWORN TO BEFORE me this 10th day of October
2012


NOTARY PUBLIC

My Commission Expires:



Arizona Corporation Commission
DOCKETED
OCT 10 2012



RECEIVED
2012 OCT 10 A 10:33
ARIZONA CORPORATION COMMISSION
DOCKET CONTROL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Dall Blunt</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>Dallan Blunt</i> C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p><i>Joshua Trent</i> <i>4760 Highland Dr # 516</i> <i>Salt lake city, UT 84117</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><i>D. MORIN</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7010 1670 0000 9052 3782</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540